Case 15-13369 Doc 30-5 Filed 09/16/15 Entered 09/16/15 19:49:04 Desc Summary cess Complaints etc. Page 1 d

Commonwealth of Massachusetts

SUMMARY PROCESS (EVICTION) SUMMONS AND COMPLAINT District Court Department Docket No. Residential (To be added by clerk's office) Dedham Division February 9, 2015 Commercial Entry Date: Norfolk NOTICE OF A COURT CASE TO EVICT YOU - PLEASE READ IT CAREFULLY ESTA ES UNA NOTIFICACION DE UN CASO EN CORTE PARA DESALOJARLE -FAVOR DE LEER EL MISMO CON CUIDADO TO DEFENDANT(S)/TENANT(S)/OCCUPANT(S):_Andre Bisasor and Natalie Anderson ZIP: 02026 ADDRESS: _ 3000 President's Way #2216 Dedham CITY/TOWN: You are hereby summonsed to appear at a hearing before a Judge of the Court at the time and place listed below: DAY: Thursday DATE: February 19, 2015 TIME: 10:00 AM COURT NAME: Dedham District Court COURT ADDRESS: 631 High St. Dedham, MA 02026 ROOM: Courtroom 1 to defend against the complaint of PLAINTIFF/LANDLORD/OWNER:_ Greystar Management Services, L.P. as agent for owner RAR2 Jefferson at Dedham Station MA, Inc. of 02026 1000 Presidents Way Dedham CITY/TOWN: STREET 3000 President's Way #2216, MA 02026 that you occupy the premises at _____ being within the judicial district of this court, unlawfully and against the right of said Plaintiff/Landlord/Owner Failure to vacate pursuant to a lawful notice terminating tenancy. N/A _____ rent is owed according to the following account: and further, that \$ ACCOUNT ANNEXED (itemize) WITNESS: Mary Hogan Sullivan First or Chief Justice Donna M Ashton Printed Name of Plaintiff or Attorney Ashton Law PC, 28 Church St. #10 Signature of Plaintiff or Attorney Address of Plaintiff or Attorney Winchester, MA 01890 (781) 756-6600 February 2, 2015 Date of Signature of Plaintiff or Attorney Telephone Number of Plaintiff or Attorney 10100 # 634984 February 19, 2015 NOTICE TO EACH DEFENDANT/TENANT/OCCUPANT: At the hearing on you (or your attorney) must appear in person to present your defense. You (or your attorney) must also file a written answer to this complaint. An answer is your response stating the reason(s) why you should not be evicted and may, in residential cases, include any claims you have against the Landlord. (An Answer Form is available in the clerk's office whose telephone number is 781 329-4777 ext. 320.) You must file (deliver or mail) the answer with the court clerk and serve (deliver or mail) a copy on the landlord (or landlord's attorney) at the address shown above. The Answer must be received by the court clerk and received by the landlord (or the February 16, 2015 landlord's attorney) no later than Monday, , which is the first Monday after the "entry date" listed above. The entry date is the day by which your landlord must file this complaint with the court clerk.

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Commonwealth of Massachusetts

SUMMARY PROCESS (EVICTION) SUMMONS AND COMPLAINT

District	Court	_ Department	\ /	Docket No.	014:11:16:0		
Dedham		Division	Residential	(To be added by clerk's office)			
Norfolk		_ Division	□ Commercial	Entry Date:	February 9, 2015		
		_ SS					
	NOTIC	E OF A COURT	CASE TO EVICT YOU	- PLEASE READ	OIT CAREFULLY		
	ESTA E		ACION DE UN CASO E				
		FAVO	R DE LEER EL MISMO	CON CUIDADO	\mathbf{Q}		
TO DEFENI	DANT(S)	TENANT(S)/OC	CUPANT(S): Andre Bi	sasor and Natalie	Anderson		

TO DEI ENDAI	(1(5)/1LMM1(5)/OCC	2017111(5)				
ADDRESS: _30	00 President's Way #3413	3C	ITY/TOWN:	Dedham	_ZIP:_	02026
You are hereby s	ummonsed to appear at	a hearing before a Judg	ge of the Court a	t the time and pla	ce listed	below:
DAY: Thursday	DATE: February 19,	2015 TIME: 10:0	O AM COURT N	NAME: Dedham	Distric	t Cour
COURT ADDR	ESS: 631 High St.	Dedham, MA 020	26 ROOM:_	Courtroom 1		
to defend against	the complaint of PLAIN	NTIFF/LANDLORD/C	WNER:			
Greystar Mar	nagement Services, L.P. as	s agent for owner RAR2	Jefferson at Ded	ham Station MA, I	nc.	of
STREET 1	000 Presidents Way	CITY/T	OWN:_Dedham	ZIP:	02020	6
	he premises at				P-1	EOH .
	udicial district of this co				-	77
because: Non			The last of		-	DIS
					270	TRIC
and further, that \$	24,650,78 ren	nt is owed according to	the following a	ccount:	<u> </u>	
WITNESS:	, <u></u> ., , , , , , , , , , , , , , , , ,	in is owed according to		ANNEXED (ite	p.c.	COURT
Mary Hogan	Sullivan				-	<u>~</u> ,
First or Chief Justice			See Exhibit	A attached hereto		
Printed Name of Plainti	Ashton ft or Attorney					
Donna	X // (Asla)		Ashton Lav	PC, 28 Church St	. #10	
Signature of Plaintiff of February 2						0
February 2 Date of Signature of Pla	untiff or Attorney		Telephone Numb	MA 01890 (781) er of Plaintiff or Attorn	ev	

NOTICE TO EACH DEFENDANT/TENANT/OCCUPANT: At the hearing on February 19, 2015 you (or your attorney) must appear in person to present your defense. You (or your attorney) must also file a written answer to this complaint. An answer is your response stating the reason(s) why you should not be evicted and may, in residential cases, include any claims you have against the Landlord. (An Answer Form is available in the clerk's office whose telephone number is 781-329-4777 ext.314/315.) You must file (deliver or mail) the answer with the court clerk and serve (deliver or mail) a copy on the landlord (or landlord's attorney) at the address shown above. The Answer must be received by the court clerk and received by the landlord (or the landlord's attorney) no later than Monday, February 16, 2015, which is the first Monday after the "entry date" listed above. The entry date is the day by which your landlord must file this complaint with the court clerk.

BBO# 634984

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Process Complaints etc. Page 3 of 5 inspection Form

Dedham Board of Health 781-751-9220

SSC 105 CMR 410.000: Chapter II, Minimum Standards of Fitness for Human Habitation

Date 11-20-14	Time	# Occupants	# Children < 6 Years
Addres 3000 Presidents	Way Unit # 3413	City/Town	dham
Occupant Name Natile	Anderson	Phone #	- 710 - 7093
Owner Name KAR2	efferson at Nedhar	1 Phone#	
Owner Address OO Vid	sidents Way	City/Town	am Zip Code (2021)
# Dwelling/ Rooming Units in	Dwelling	# Stories -4	Floor Level of Unit
# Sleeping Rooms		# Habitable Rooms	s (.400) 4
Inspector (Wherine (ardinate	Title Heaki	h Director

If violations are observed and checked, describe them fully on Page 3.

Area or Element	Type of Violation Use blank boxes for ones not listed	Possible Code Section(s)	√if Violation Observed	Responsible Party	
				Owner	Occupant
Exterior, Yard	Locks - Lock- Dead Bolt Gold-	480	X	X	
& Porch	Posting, ID, Exit signs/emergency lights	481, 483, 484			
	Handrails, steps, doors windows, roof	500, 501, 503			
	Rubbish—storage and collection	600, 601			
	Maintenance of Area	602			
Common	Light, windows	253, 254, 501			
Areas & Entry	Egress	450, 451, 452			
	Handrails	503			
Interior Halls	Floors, walls ceilings	500			
& Stairs	Hallways, railings, stairs	503			
	Light, windows	253, 254, 501			
Bedroom 1	Location (circle): Front Rear Middle Left I	Middle Right	Floor Level of Unit		
	Ventilation	280			
	Ceiling height - CRACKS- NGCIDOLL	401, 402	×	X	
	Windows, screen - torn-	501, 551			
Bedroom 2	Location (circle): Front Rear Middle Left I	Middle Right	Floor	Level of Un	it
	Ventilation	280			
	Ceiling height - ()/ P(/) S	401, 402	X	X	
	Windows, screen	501, 551	1		
	DOR- 4GHT - HOUT ADDUMLE	7.	X	X	
Bathroom	Toilet, sink, shower, tub, door DNISHE NOISE	150			
	Smooth, impervious surfaces	150			
	Lights, outlets, ventilations - BMDS DNF(2)	251, 280			
	Floors/walls - WALKS	504	X	X	
Kitchen	Sink, stove, oven; good repair, impervious and smooth,	100	ν.		
	space refrig DISHWAShur- Braun - un	stalation-	coranter	X	
	Lights, outlets, ventilation, windows, screens	251, 280, 501, 551			

603

Area or Element	THIS GESTS GOMPlaints etc. I Use blank boxes for ones not listed	ages∱lefcode Section(s)	√if Violation Observed	Responsible Party						
				Owner	Occupant					
Kitchen, cont.	Ceiling height	401, 402								
, , , , , , , , , , , , , , , , , , , ,	Floor	504								
	PMABS-		V	X						
Living room	Lights, outlets, ventilation	250, 280		-/\						
and Dining	Ceiling height	401, 402								
Room	Windows/screens 2 Windows Hant	501, 551								
	need adjustment			V						
Basement	Maintenance	500								
	Watertight	500								
	Lighting	253								
Water	Source (circle): Public Private									
	Must be potable	180								
	Quantity, pressure	180								
	Responsible for paying MGL ch 186 s 22, metering	354								
Hot Water	Fuel Type (circle): Natural Gas Oil Electric Other	Temp.:	of Location tal	ken:						
	Quantity, pressure, 110 F min, 130 max	190								
	Venting	202								
	could not access									
Heating	Type (circle): Forced Hot Water Forced Hot Air Steam	Electric								
	No portable units	200								
	"Habitable room and every room with toilet, shower, tub"	201								
	 68 F 7 am to 11 pm, 64 F 11:01 pm to 6:59 am, 	T.								
	except 6/15-9/15									
	 78 F max in heating season/measure 5 feet wall, 5 									
	feet floor									
	Venting, metering	202, 354, 355								
Electrical	Type (circle): 110 220 Amp:									
	Amperage, temporary wiring, metering	250, 255, 256, 354								
pulsary dia										
Drainage,	Type (circle): Public Private									
Plumbing	Sanitary drainage required and maintained	300, 351								
Value of the later	20 2 22									
Smoke & CO	Required & operational	482								
Detectors		1								
Pests	Free of pests (rodents, skunks, cockroaches, insects)	550								
	Structural maintenance and elimination of harborage	550								
	complaint of bulg- nonl a	+ 4me								
Asbestos or		353, 502								
Lead Paint										
Curtailment		620			1/					
Access		810								
	I .	The second secon		1	1					

Other

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Referral:	☐ Electric		Fire		Plumbing	Þ	Building	☐ Other	
This inspection report is signed and certified under the pains and penalties of perjury.									
Inspector Sig	gnature	1011	nul	1M0 (1axal	na	00		
Occupant or	Occupant's Rep	reser	tative	Signature	Jac / Pro Co	- wi			
Reinspection Date				Tir	ne				

Written description of any violation(s) checked above

Include Area or Element, code citation and a description of the condition(s) that constitute the violation. You may include remedies that would be an acceptable means of achieving compliance with 105 CMR 410.000.

NOTE: *indicates that this housing inspection has revealed conditions which may endanger or materially impair the health, safety, and well-being of any person(s) occupying the premises

Area/Element, Code Citation and Description of Violation	Acceptable Remedies
Bup-through cracks-Kitchen	
4	
numerous- cracks 7 throughout Sett	mg?
ice maker - Cleaned? filter change -	odor?
	allway extenor
possible water leat	<i></i>
Tighten bottom door seal-?	
- to see now water is metered.	
The state of the s	
Clo Thompson Beuters Dept 201	1
P.D. Boy 4900 Scotsdall, AZ 85261-491	OD